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Application Number Filing Date MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Applicant(e) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Indep Indep Depend Depend Indep Indep Depend Indep Depend Indep Depend Depend 52 5 5 5 5 6 5 7 5 8 5 9 10 60 11 12 60 13 63 14 15 65 16 17 18 68 19 20 21 22 24 25 27 28 7 80 3 8 82 2 였 84 3 - 8 86 87 8 8 91 92 93 94 95 96 100 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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